

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/489,192	01/20/00	380	2766	MSI-407US

APPLICANT

SCOTT A. FIELD, REDMOND, WA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/143,438 07/13/99

*[Signature]*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*[Signature]*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/18/00 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged _____ Examiner's Initials	Initials	WA	6	48	10

ADDRESS	LEE & HAYES PLLC 421 W RIVERSIDE AVENUE SUITE 500 SPOKANE WA 99201	<i>Customer # 22801</i>
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TITLE	METHODS AND SYSTEM FOR PROTECTING INFORMATION IN PAGING OPERATING SYSTEMS		
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FILING FEE RECEIVED  \$1,740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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Bib Data Sheet

CONFIRMATION NO. 5535

SERIAL NUMBER 09/489,192	FILING OR 371(c) DATE 01/20/2000 RULE	CLASS 713	GROUP ART UNIT 2133	ATTORNEY DOCKET NO. MSI-407US
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APPLICANTS

SCOTT A. FIELD, REDMOND, WA;

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/143,438 07/13/1999

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/18/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 6	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

ADDRESS

22801

TITLE

METHODS AND SYSTEMS FOR PROTECTING INFORMATION IN PAGING OPERATING SYSTEMS

FILING FEE RECEIVED 1740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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